



Nurse-Midwifery Committee

Embassy Suites
11767 Harbor Blvd
Garden Grove, CA 92840
(714) 539-3300
AGENDA

January 11, 2017 2:30pm

Wednesday, January 11, 2017 –

- 10.0 Call to Order/Roll Call /Establishment of a Quorum**
- 10.01 Vote on Whether to Approve Minutes: September 16, 2016**
- 10.2 Discussion and planning: Nurse-midwifery committee to provide informational session to the board related to general nurse-midwifery practice**
- 10.3 Communication: The Nurse Midwifery Committee member's to implement and use Freedcamp, a web project management tool**
- 10.4 Feedback from CNM community related to CNM participation as expert witnesses for Board of Registered Nursing enforcement cases**
- 10.5 Discussion and consideration of information from the Medical Board of California on Home Birth**
- 10.6 Update provided on Survey for APRN 2017**
- 10.7 Public Comment for Items Not on the Agenda**
- 10.8 Adjournment**

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Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum. The public will be provided an opportunity to comment on each agenda item at the time it is discussed; however, the committee may limit the time allowed to each speaker.

BOARD OF REGISTERED NURSING
Nurse-Midwifery Committee
Agenda Item Summary

AGENDA ITEM: 10.2
DATE: January 11, 2016

ACTION REQUESTED: **Discussion and planning: Nurse-midwifery committee to provide informational session to the board related to general nurse-midwifery practice**

BACKGROUND:

Develop talking point relevant to nurse-midwifery practice for inclusion in the informal session to the board.

NEXT STEPS: Practice Committee

FISCAL IMPACT, IF ANY: **None**

PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA
Supervising Nursing Education Consultant and
Liaison to the Practice Committee
(916)574-7686

BOARD OF REGISTERED NURSING
Nurse-Midwifery Committee
Agenda Item Summary

AGENDA ITEM: 10.3
DATE: January 11, 2016

ACTION REQUESTED: **Communication: The Nurse Midwifery Committee member's to implement and use Freedcamp, a web project management tool**

BACKGROUND:

How is the project management tool going to be available to members, when, and the content managed.

NEXT STEPS: Practice Committee

FISCAL IMPACT, IF ANY: **None**

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BOARD OF REGISTERED NURSING
Nurse-Midwifery Committee
Agenda Item Summary

AGENDA ITEM: 10.4
DATE: January 11, 2016

ACTION REQUESTED: **Feedback from CNM community related to CNM participation as expert witnesses for Board of Registered Nursing enforcement cases**

BACKGROUND: **The expert witness program consists of over 200 RN's across the state of California. Our experts are contracted through Department of Consumer's Expert Contracts. The contract term is 3 years and/or \$50,000.00. Once this term is reached or the amount is reached, the RN would need to sign a new contract.**

To become an expert witness you would need to fill out an application that is available on the BRN website and provide a recent curriculum vitae. A Registered Nurse on staff at BRN reviews the application and CV. If the RN meets the criteria for an expert, we send out a mock investigation, for the RN to provide a sample report. If the report comes back and the RN has applied the violations appropriately and all direction was followed, we then send them a contract and they are placed in our database for case review.

We only send cases out to an expert that is relevant to the case. The example would be that we would only send a case regarding a NMW to a NMW expert for review.

We are always recruiting for additional experts and welcome all applications. If you are anyone you know meets the the criteria listed on our website, they may apply at www.rn.ca.gov

NEXT STEPS: Practice Committee

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

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BOARD OF REGISTERED NURSING
Nurse-Midwifery Committee
Agenda Item Summary

AGENDA ITEM: 10.4
DATE: January 11, 2016

ACTION REQUESTED: **Feedback from CNM community related to CNM participation as expert witnesses for Board of Registered Nursing enforcement cases**

BACKGROUND:

NEXT STEPS: **Practice Committee**

FISCAL IMPACT, IF ANY: **None**

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BOARD OF REGISTERED NURSING
Nurse-Midwifery Committee
Agenda Item Summary

AGENDA ITEM: 10.5
DATE: January 11, 2016

ACTION REQUESTED: **Discussion and consideration of information from the Medical Board of California on Home Birth**

BACKGROUND:

Attachment: Medical Board of California: Practice Guidelines for California Licensed Midwives

NEXT STEPS: Practice Committee

FISCAL IMPACT, IF ANY: **None**

PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA
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CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT Summary

as of 7/7/2016 11:28:08 AM

SECTION A - Submission Summary

Number of Midwives Expected to Report	394
Number Reported	343
Number Unreported	51
Note: Report Field Numbers 1 through 10 are specific to each midwife report submitted and are not included in this aggregation.	

SECTION B - REPORTING PERIOD

Line No.	Report Year
11	2015

SECTION C - SERVICES PROVIDED IN CALIFORNIA - This report should reflect services provided in California only.

Line No.		Total # Yes	Total # No
12	Did you or a student midwife supervised by you perform midwife services in the State of California during the year when the intended place of birth at the onset of your care was an out-of-hospital setting?	237	106

SECTION D - CLIENT SERVICES

Line No.		Total #
13	Total number of clients served as primary caregiver during this calendar year.	5528
14	Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	337
15	Total number of clients served whose births were still pending on the last day of this reporting year.	1342
16	Enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!	2562
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. IMPORTANT: SEE DEFINITION OF SUPERVISION!	112

SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH, FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED

(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(D) # of Infant Deaths	(E) # of Maternal Deaths	(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(D) # of Infant Deaths	(E) # of Maternal Deaths
01	ALAMEDA	247	0	0	0	30	ORANGE	137	1	0	0
02	ALPINE	1	0	0	0	31	PLACER	62	0	0	0
03	AMADOR	4	0	0	0	32	PLUMAS	6	0	0	0
04	BUTTE	20	0	0	0	33	RIVERSIDE	126	1	0	0
05	CALAVERAS	6	0	0	0	34	SACRAMENTO	91	0	0	0
06	COLUSA	1	0	0	0	35	SAN BENITO	5	0	0	0
07	CONTRA COSTA	37	0	0	0	36	SAN BERNARDINO	166	1	0	0
08	DEL NORTE	2	0	0	0	37	SAN DIEGO	229	0	0	0
09	EL DORADO	31	0	0	0	38	SAN FRANCISCO	114	0	0	0
10	FRESNO	33	0	0	0	39	SAN JOAQUIN	16	0	0	0
11	GLENN	1	0	0	0	40	SAN LUIS OBISPO	88	0	0	0
12	HUMBOLDT	65	0	0	0	41	SAN MATEO	31	0	0	0
13	IMPERIAL	0	0	0	0	42	SANTA BARBARA	102	0	0	0
14	INYO	1	0	0	0	43	SANTA CLARA	113	1	0	0
15	KERN	62	0	0	0	44	SANTA CRUZ	75	0	0	0
16	KINGS	3	0	0	0	45	SHASTA	103	0	0	0
17	LAKE	3	0	0	0	46	SIERRA	1	0	0	0
18	LASSEN	9	0	0	0	47	SISKIYOU	11	0	0	0
19	LOS ANGELES	510	2	0	0	48	SOLANO	22	0	0	0
20	MADERA	5	0	0	0	49	SONOMA	159	1	0	0
21	MARIN	49	0	0	0	50	STANISLAUS	26	0	0	0
22	MARIPOSA	5	0	0	0	51	SUTTER	6	0	0	0
23	MENDOCINO	65	0	0	0	52	TEHAMA	7	0	0	0
24	MERCED	5	0	0	0	53	TRINITY	1	0	0	0
25	MODOC	0	0	0	0	54	TULARE	10	0	0	0
26	MONO	1	0	0	0	55	TUOLUMNE	40	1	0	0
27	MONTEREY	50	0	0	0	56	VENTURA	129	0	0	0
28	NAPA	23	0	0	0	57	YOLO	27	0	0	0
29	NEVADA	71	0	0	0	58	YUBA	20	0	0	0

SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Line No.		Total #
19	Number of planned out-of-hospital births at the onset of labor	3616
20	Number of completed births in an out-of-hospital setting	3082
21	Breech deliveries	12
22	Successful VBAC's	172
23	Twins both delivered out-of-hospital	0
24	Higher Order Multiples - all delivered out-of-hospital	0

SECTION G - ANTEPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions <i>unrelated</i> to pregnancy	16
26	G2	Hypertension developed in pregnancy	45
27	G3	Blood coagulation disorders, including phlebitis	1
28	G4	Anemia	2
29	G5	Persistent vomiting with dehydration	3
30	G6	Nutritional & weight loss issues, failure to gain weight	1
31	G7	Gestational diabetes	9
32	G8	Vaginal bleeding	6
33	G9	Suspected or known placental anomalies or implantation abnormalities	14
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	60
35	G11	HIV test positive	0
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	12
37	G12.1	Fetal anomalies	5
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	17
39	G14	Fetal heart irregularities	8
40	G15	Non vertex lie at term	45
41	G16	Multiple gestation	18
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	26
43	G18	Client request	48
44	G19	Other	70

SECTION H - ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	17
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	24
47	H3	Isoimmunization, severe anemia, or other blood related issues	1
48	H4	Significant infection	0
49	H5	Significant vaginal bleeding	11
50	H6	Preterm labor or preterm rupture of membranes	38
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	6
52	H8	Fetal demise	5
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	5
54	H10	Other	7

SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	9
56	I2	Active herpes lesion	0
57	I3	Abnormal bleeding	2
58	I4	Signs of infection	8
59	I5	Prolonged rupture of membranes	31
60	I6	Lack of progress; maternal exhaustion; dehydration	231
61	I7	Thick meconium in the absence of fetal distress	16
62	I8	Non-vertex presentation	18
63	I9	Unstable lie or mal-position of the vertex	6
64	I10	Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER)	1
65	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	29
66	I12	Client request; request for medical methods of pain relief	71
67	I13	Other	11

SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
68	J1	Suspected preeclampsia, eclampsia, seizures	3
69	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	5
70	J3	Suspected uterine rupture	1
71	J4	Maternal shock, loss of consciousness	0
72	J5	Prolapsed umbilical cord	2
73	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	30
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	1
75	J8	Other life threatening conditions or symptoms	2
76	J9	Multiple gestation (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)	1

SECTION K – POSTPARTUM TRANSFER OF CARE - MOTHER, ELECTIVE/NON-EMERGENCY

Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	20
78	K2	Repair of laceration beyond level of midwife's expertise	22
79	K3	Postpartum depression	4
80	K4	Social, emotional or physical conditions outside of scope of practice	0
81	K5	Excessive or prolonged bleeding in later postpartum period	7
82	K6	Signs of infection	1
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	1
84	K8	Client request	8
85	K9	Other	2

SECTION L – POSTPARTUM TRANSFER OF CARE - MOTHER, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	4
87	L2	Uterine inversion, rupture or prolapse	2
88	L3	Uncontrolled hemorrhage	11
89	L4	Seizures or unconsciousness, shock	4
90	L5	Adherent or retained placenta with significant bleeding	21
91	L6	Suspected postpartum psychosis	0
92	L7	Signs of significant infection	4
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	5
94	L9	Other	5

SECTION M – TRANSFER OF CARE - INFANT, ELECTIVE/NON-EMERGENCY

Line No.	Code	Reason	Total #
95	M1	Low birth weight	3
96	M2	Congenital anomalies	2
97	M2.1	Birth injury	0
98	M3	Poor transition to extrauterine life	10
99	M4	Insufficient passage of urine or meconium	0
100	M5	Parental request	0
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	6
102	M7	Other	4

SECTION N – TRANSFER OF CARE - INFANT, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
103	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	13
104	N2	Signs or symptoms of infection	4
105	N3	Abnormal cry, seizures or loss of consciousness	0
106	N4	Significant jaundice at birth or within 30 hours	3
107	N5	Evidence of clinically significant prematurity	0
108	N6	Congenital anomalies	3
109	N6.1	Birth injury	0
110	N7	Significant dehydration or depression of fontanelles	0
111	N8	Significant cardiac or respiratory issues	22
112	N9	Ten minute APGAR score of six (6) or less	3
113	N10	Abnormal bulging of fontanelles	0
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	4
115	N12	Other	2

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Line No.	Reason	(A) Total # of Vaginal Births		(B) Total # of Caesarean Deliveries	
MOTHER		Code		Code	
116	Without complication	O1	594	O8	238
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	10	O9	16
118	With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks	O3	1	O10	0
119	Death of mother	O4	0	O11	1
120	Unknown	O5	4	O12	0
121	Information not obtainable	O6	0	O13	0
122	Other	O7	0	O14	1
INFANT					
123	Healthy live born infant	O15	561	O24	212
124	With serious pregnancy/birth related medical complications resolved by 4 weeks	O16	20	O25	3
125	With serious pregnancy/birth related medical complications <u>not</u> resolved by 4 weeks	O17	4	O26	3
126	Fetal demise diagnosed prior to labor	O18	3	O27	0
127	Fetal demise diagnosed during labor or at delivery	O19	3	O28	1
128	Live born infant who subsequently died	O20	1	O29	1
129	Unknown	O21	0	O30	0
130	Information not obtainable	O22	0	O31	0
131	Other	O23	5	O32	1

SECTION P – COMPLICATIONS LEADING TO MATERNAL AND/OR INFANT MORTALITY

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
MOTHER		Code		Code		Code	
132	Blood loss	P8	0	P15	0	P1	0
133	Sepsis	P9	0	P16	0	P2	0
134	Eclampsia/toxemia or HELLP syndrome	P10	0	P17	0	P3	0
135	Embolism (pulmonary or amniotic fluid)	P11	0	P18	1	P4	1
136	Unknown	P12	0	P19	0	P5	0
137	Information not obtainable	P13	0	P20	0	P6	0
138	Other	P14	0	P21	0	P7	0
INFANT							
139	Anomaly incompatible with life	P30	0	P38	1	P22	1
140	Infection	P31	0	P39	0	P23	0
141	Meconium aspiration, other respiratory	P32	0	P40	0	P24	0
142	Neurological issues/seizures	P33	0	P41	0	P25	0
143	Other medical issue	P34	0	P42	0	P26	0
144	Unknown	P35	0	P43	0	P27	0
145		P36	0	P44	0	P28	0

	Information not obtainable						
146	Other	P37	0	P45	1	P29	1

MEDICAL BOARD OF CALIFORNIA

PRACTICE GUIDELINES FOR CALIFORNIA LICENSED MIDWIVES

May 2014

The California licensed midwife is a professional health care practitioner who offers primary care to healthy women and their normal unborn and newborn babies throughout normal pregnancy, labor, birth, postpartum, the neonatal and inter-conceptual periods.

I. PURPOSE, DEFINITIONS & GENERAL PROVISIONS

- A. This document provides a framework to identify the professional responsibilities of licensed midwives and permit an individual midwife's practice to be rationally evaluated, to ensure that it is safe, ethical and consistent with the professional practice of licensed midwifery in California. However, these practice guidelines are not intended to replace the clinical judgment of the licensed midwife.

Sources and documentation used to define and judge professional practice include but are not limited to the following:

1. The international definition of a midwife and the midwifery scope of practice
 2. Customary definitions of the midwifery model of care by state and national midwifery organizations, including the Licensed Midwifery Practice Act of 1993 and all its amendments (Business and Professions Code Sections 2505, et seq.)
 3. Standards of practice for community midwives as published by state and national midwifery organizations
 4. Philosophy of care, code of ethics, and informed consent policies as published by state and national midwifery organizations
 5. Educational competencies published by state and national direct-entry midwifery organizations
- B. The California licensed midwife maintains all requirements of state and, where applicable, national certification, while keeping current with evidence-based and ethical midwifery practice in accordance with:
1. The body of professional knowledge, clinical skills, and clinical judgments described in the **Midwives Alliance of North America (MANA) Core Competencies for Basic Midwifery Practice**
 2. The statutory requirements as set forth in the **Licensed Midwifery Practice Act of 1993 ("LMPA")**, all amendments to LMPA and the Health and Safety Code on birth registration.

3. The generally accepted guidelines for community-based midwifery practice as published by state and national direct-entry midwifery organizations
- C. The California licensed midwife provides care in private offices, physician offices, clinics, client homes, maternity homes, birth centers and hospitals. The licensed midwife provides well-women health services and maternity care to essentially healthy women who are experiencing a normal pregnancy. An essentially healthy woman is without serious pre-existing medical or mental conditions affecting major body organs, biological systems or competent mental function. An essentially normal pregnancy is without serious medical complications affecting either mother or fetus, and is consistent with the definition set forth under Business and Professions Code Section 2507(b)(1).
- D. The California licensed midwife provides the necessary supervision, care and advice to women prior to and during pregnancy, labor and the postpartum period, and conducts deliveries and cares for the newborn infant during the postnatal period. This includes preventative measures, protocols for variations and deviations from norm, detection of complications in the mother and child, the procurement of medical assistance when necessary and the execution of emergency measures in the absence of medical help.
- E. The California licensed midwife's fundamental accountability is to the women in her care. This includes a responsibility to uphold professional standards and avoid compromise based on personal or institutional expediency.
- F. The California licensed midwife is also accountable to peers, the regulatory body and to the public for safe, competent, ethical practice. It is the responsibility of the licensed midwife to incorporate ongoing evaluation of her/his practice, including formal or informal sources of community input. This includes but is not limited to the licensed midwife's participation in the peer review process and any required mortality and morbidity reporting. The results of these individual evaluations can be distributed to influence professional policy development, education, and practice.
- G. The California licensed midwife is responsible to the client, the community and the midwifery profession for evidence-based practice. This includes but is not limited to continuing education and on-going evaluation and application of new information and improved practices as recommended in the scientific literature. It may also include developing and dispersing midwifery knowledge and participating in research regarding midwifery outcomes.
- H. The California licensed midwife uses evidence-based policies and practice guidelines for the management of routine care and unusual circumstances by establishing, reviewing, updating, and adhering to individualized practice policies, guidelines and protocols appropriate to the specific setting for a client's labor and birth and geographical characteristics of the licensed midwife's practice. Practice-specific guidelines and protocols are customarily implemented through standard or customized chart forms, informed consent and informed refusal documents (including the consent required in Business and Professions Code Section 2508), other formal and informal documents used routinely for each area of clinical

practice, including but not limited to the antepartum, intrapartum, postpartum, newborn periods and inter-conceptional periods.

- I. The licensed midwife's policies, guidelines and protocols are consistent with standard midwifery management as described in standard midwifery textbooks or a combination of standard textbooks and references, including research published in peer-review journals. Any textbook or reference which is also an approved textbook or reference for a midwifery educational program or school is considered an acceptable textbook or reference for use in developing a midwife's individual policies and practice guidelines. When appropriate or requested, citations of scientific source should be made available for client review.
- J. The licensed midwife may expand her skill level beyond the core competencies of her training program by incorporating new procedures into the individual midwife's practice that improve care for women and their families. It is the responsibility of the licensed midwife to:
 1. Identify the need for a new procedure by taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
 2. Ensure that there are no institutional, state, or federal statutes or regulations that would constrain the midwife from incorporation of the procedure into her practice.
 3. Be able to demonstrate knowledge and competency, including:
 - a) Knowledge of risks, benefits, and client selection criteria.
 - b) Having a process for acquisition of required skills.
 - c) Identifying and managing complications.
 - d) Employing a process to evaluate outcomes and maintain professional competency.
 4. Identify a mechanism for obtaining medical consultation, collaboration, and referral related to each new procedure.

II. A BRIEF OVERVIEW OF THE LICENSED MIDWIFE'S DUTIES AND SPECIFIC RESPONSIBILITIES TO CHILDBEARING WOMEN AND THEIR UNBORN AND NEWBORN BABIES

- A. The California licensed midwife engages in an ongoing process of risk assessment that begins with the initial consultation and continues throughout the provision of care. This includes continuously assessing for normalcy and, if necessary, initiating appropriate interventions including consultation, referral, transfer, first-responder emergency care and/or emergency transport.
- B. Within the midwifery model of care, the licensed midwife's duties to women and babies include the following individualized forms of maternity care:
1. Antepartum care and education, preparation for childbirth, breastfeeding and parenthood.
 2. Risk assessment, risk prevention and risk reduction.
 3. Identifying and assessing variations and deviations from normal and detection of abnormal conditions and subsequently communicating that information to the woman and, when appropriate, to other health care providers and emergency responders.
 4. Maintaining an individual plan for consultation, referral, transfer of care and emergencies.
 5. Evidence-based physiological management to facilitate spontaneous progress in labor and normal vaginal birth while minimizing the need for medical interventions.
 6. Procurement of medical assistance when indicated.
 7. Execution of appropriate emergency measures in the absence of medical help.
 8. Postpartum care to mother and baby, including counseling and education.
 9. Maintaining up-to-date knowledge in evidence-based practice and proficiency in life-saving measures by regular review and practice.
 10. Maintenance of all necessary equipment and supplies, and preparation of documents including educational handouts, charts, informed consent & informed refusal documents (including the consent required in Business and Professions Code Section 2508), birth registration forms, newborn screening, practice policies, guidelines, protocols, and, morbidity and mortality reports and annual statistics.

III. GUIDELINES FOR COMMUNITY-BASED MIDWIFERY

ONE: The licensed midwife is accountable to the client, the midwifery profession and the public for safe, competent, and ethical care.

TWO: The licensed midwife ensures that no act or omission places the client at unnecessary risk.

THREE: The licensed midwife, within realistic limits, provides continuity of care to the client throughout the childbearing experience according to the midwifery model of care.

FOUR: The licensed midwife respects the autonomy of the mentally competent adult woman by working in partnership with her and recognizing individual and shared responsibilities. The midwife recognizes the healthy woman as the primary decision maker throughout the childbearing experience.

FIVE: The licensed midwife upholds the client's right to make informed choices about the manner and circumstance of pregnancy, and childbirth, and facilitates this process by providing complete, relevant, objective information in a non- authoritarian and supportive manner, while continually assessing safety considerations and risks to the client, informing her of same.

SIX: The licensed midwife refers the client to a physician, as required by law, if at any point during a pregnancy, childbirth, or postpartum care the client's condition deviates from normal.

SEVEN: The licensed midwife confers and collaborates with other health care professionals, including other midwives, as is necessary to professionally meet the client's needs. When the client's condition or needs exceed the midwife's scope of practice or personal practice guidelines, the licensed midwife consults with and refers or transfers the client to a physician or other appropriate health care provider.

EIGHT: Should the pregnancy deviate from normal and primary care be transferred to a physician, the licensed midwife may continue to counsel, support and advise the client at her request.

NINE: The licensed midwife maintains complete and accurate health care records.

TEN: The licensed midwife ensures confidentiality of information except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client, baby or other immediate family members or professional care providers.

ELEVEN: Where geographically feasible, the licensed midwife makes a good faith effort to ensure that a second midwife, or a qualified birth attendant certified in neonatal resuscitation and cardiopulmonary resuscitation, is available during the delivery.

TWELVE: The licensed midwife orders, uses or administers only those drugs, supplies, devices and procedures that are consistent with the licensed midwife's

professional training as described in 16 CCR 1379.30, community standards and the provisions of LMPA and does so only in accordance with the client's informed consent.

THIRTEEN: The licensed midwife orders, performs, collects samples for, or interprets those screening and diagnostic tests for a woman or newborn which are consistent with the licensed midwife's professional training, community standards, and provisions of the LMPA, and does so only in accordance with the client's informed consent.

FOURTEEN: The licensed midwife participates in the continuing education and evaluation of self, colleagues and the maternity care system.

FIFTEEN: The licensed midwife critically assesses evidence-based research findings for use in practice and supports research activities.

IV. CRITERIA FOR CLIENT SELECTION

Criteria for initial selection of clients for community-based midwifery care assumes:

- Healthy mother without serious pre-existing medical or mental conditions
- History, physical assessment and laboratory results within limits commonly accepted as normal and consistent with Business and Professions Code Section 2507(b)(1) with no clinically significant evidence of the following, including but not limited to:
 - a. cardiac disease
 - b. pulmonary disease
 - c. renal disease
 - d. hepatic disease
 - e. endocrine disease
 - f. neurological disease
 - g. malignant disease in an active phase
 - h. significant hematological disorders or coagulopathies
 - i. essential hypertension (blood pressure greater than 140/90 on two or more occasions, six hours apart)
 - j. insulin-dependent diabetes mellitus
 - k. serious congenital abnormalities affecting childbirth
 - l. family history of serious genetic disorders or hereditary diseases that may impact on the current pregnancy
 - m. adverse obstetrical history that may impact on the current pregnancy
 - n. significant pelvic or uterine abnormalities, including tumors, malformations, or invasive uterine surgery that may impact on the current pregnancy
 - o. isoimmunization
 - p. alcoholism or abuse
 - q. drug addiction or abuse
 - r. positive HIV status or AIDS
 - s. current serious psychiatric illness
 - t. social or familiar conditions unsatisfactory for domiciliary birth services
 - u. other significant physical abnormality, social or mental functioning that affects pregnancy, parturition and/or the ability to safely care for a newborn
 - v. other as defined by the licensed midwife

V. RISK FACTORS IDENTIFIED DURING THE INITIAL INTERVIEW OR ARISING DURING THE COURSE OF CARE

With respect to the care of a client who deviates from a normal pregnancy as identified by the client selection criteria in section IV or other science-based parameters, the licensed midwife informs the client that her situation must be evaluated by a licensed physician who has current training and practice in obstetrics and gynecology. If the physician determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy, the licensed midwife can continue to provide primary care. The client should further be informed that unresolved significant risk factors will limit the scope of the midwife's care to concurrent care with a physician, regardless of whether the woman has consented to care or refused care by a physician.

It is recognized that the client has the right to refuse the recommended referral; however, pursuant to the law, the licensed midwife cannot continue care. The licensed midwife will document refusal of the referral in the client's record.

VI. ANTEPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to ANTEPARTUM PHYSICIAN CONSULTATION, REFERRAL & TRANSFER OF CARE**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal (including abnormal laboratory results) during a client's pregnancy. If a referral to a physician is needed, pursuant to Business and Professions Code Section 2507, the licensed midwife will, if possible, remain in consultation with the physician until resolution of the concern.

The following conditions, occurring after acceptance of care with a licensed midwife, require client referral to a physician and may require transfer of care of the client to a medical health care provider. A referral for immediate medical care does not preclude the possibility of care with a licensed midwife if a physician who has current training in obstetrics and gynecology determines, after an examination, that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy.

Antepartal conditions that deviate from normal pregnancy conditions include, but are not limited to:

Maternal:

- a. positive HIV antibody test
- b. threatened or spontaneous abortion after 14 weeks
- c. significant vaginal bleeding
- d. persistent vomiting with dehydration
- e. symptoms of malnutrition or anorexia
- f. protracted weight loss or failure to gain weight
- g. gestational diabetes, uncontrolled by diet
- h. severe anemia, not responsive to treatment
- i. severe or persistent headache
- j. evidence of pregnancy induced hypertension (PIH) or pre-eclampsia (2 blood pressure readings greater than 140/90, 6 hours apart)
- k. deep vein thrombosis (DVT)
- l. urinary tract infection (UTI)
- m. significant signs or symptoms of infection
- n. isoimmunization, positive Rh antibody titer for Rh-negative mother, or any other positive antibody titer which may have a detrimental effect on mother or fetus
- o. documented placental anomaly or previa
- p. documented low lying placenta in woman with history of previous cesarean
- q. preterm labor (before 37 0/7 completed weeks of pregnancy)
- r. premature rupture of membranes (before 37 0/7 completed weeks of pregnancy)
- s. pregnancy with non-reactive stress test and/or abnormal biophysical profile or amniotic fluid assessment
- t. Post-term pregnancy defined as gestation greater than 42 0/7 weeks
- u. other as defined by the Midwife

Fetal:

- a. lie other than vertex at term
- b. multiple gestation
- c. fetal anomalies compatible with life which are affected by site of birth
- d. marked decrease in fetal movement, abnormal fetal heart tones (FHTs)
non-reassuring non-stress test (NST)
- e. marked or severe poly- or oligo-hydramnios (too much
or too little amniotic fluid)
- f. evidence of intrauterine growth restriction (IUGR)
- g. significant abnormal ultrasound findings
- h. other as defined by the licensed midwife

VII. INTRAPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to INTRAPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal during a client's labor and birth, and/or with her newborn. If a referral to a physician is needed pursuant to Business and Professions Code Section 2507, the licensed midwife will, if possible, remain in consultation with the physician in accordance with the client's wishes, remain present throughout the birth and resume postpartum care if appropriate.

- A. The following conditions require referral to a physician and may require transfer of care. Referral does not preclude the possibility of return to care with a licensed midwife if a physician who has current training in obstetrics and gynecology determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy.

Intrapartum Conditions - Serious medical/obstetrical or perinatal conditions, including but not limited to:

Maternal:

- a. prolonged lack of progress in labor
- b. abnormal bleeding, with or without abdominal pain; evidence of placental abruption
- c. rise in blood pressure above woman's baseline (more than 30/15 points or greater than 140/90) with proteinuria
- d. signs or symptoms of maternal infection
- e. signs or symptoms of maternal shock
- f. client's request for transfer to obstetrical care
- g. active genital herpes lesion in labor
- h. gestation greater than 42 0/7 weeks

Fetus:

- a. abnormal fetal heart tones (FHT)
- b. signs or symptoms of fetal distress
- c. thick meconium or frank bleeding with birth not imminent
- d. lie not compatible with spontaneous vaginal delivery or unstable fetal lie

- B. **Emergency Transport:** If on initial or subsequent assessment during the 1st, 2nd or 3rd stage of labor, one of the following conditions exists, the licensed midwife initiates immediate emergency transfer to medical care. Transport via private vehicle is an acceptable method of transport if, in the clinical judgment of

the licensed midwife, that is the safest and most expedient method to access medical services.

- a. prolapsed umbilical cord
- b. uncontrolled hemorrhage
- c. preeclampsia or eclampsia
- d. severe abdominal pain inconsistent with normal labor
- e. chorioamnionitis
- f. ominous fetal heart rate pattern or other manifestation of fetal distress
- g. seizures or unconsciousness in the mother
- i. evidence of maternal shock
- j. presentation not compatible with spontaneous vaginal delivery
- k. laceration requiring repair outside the scope of practice or practice policies of the individual licensed midwife
- l. retained placenta or placental fragments
- m. neonate with unstable vital signs
- n. any other condition or symptom which could threaten the life of the mother, fetus, or neonate as assessed by the licensed midwife exercising ordinary skill and knowledge.

C. Emergency Exemptions Clause - Business and Professions Code Section 2058 – Medical Practice Act

The California licensed midwife may deliver a woman with any of the above complications or conditions, or other bona fide emergencies, if the situation is a verifiable emergency and no physician or other equivalent medical services are available. **EMERGENCY** is defined as a situation that presents an immediate hazard to the health and safety of the client or entails extraordinary and unnecessary human suffering.

- D. The California licensed midwife provides records, including prenatal records, and consults with the receiving physician about labor up to the point of transfer to a hospital.

VIII. POSTPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to POSTPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal (including abnormal laboratory results) during the postpartum period. If a referral to a physician who has current training and practice in obstetrics and gynecology is needed, the licensed midwife may resume postpartum care if the physician determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to affect the client's postpartum care.

A. Immediate Postpartum Conditions.

The licensed midwife arranges for immediate referral and transport according to the emergency plan identified in the informed consent document if the following abnormal conditions are present:

- a. uterine prolapse or inversion
- b. uncontrolled maternal hemorrhage
- c. seizure or unconsciousness
- d. sustained on-going instability or abnormal vital signs
- e. adherent or retained placenta
- f. repair of laceration(s)/episiotomy beyond licensed midwife's level of expertise
- g. anaphylaxis
- h. other serious medical or mental conditions

B. Extended Postpartum Condition.

The licensed midwife arranges for physician consultation, client referral and/or transport when/if:

- a. signs or symptoms of maternal infection
- b. signs of clinically significant depression
- c. social, emotional or other physical conditions as defined by the licensed midwife and outside her scope of practice

IX. NEONATE REFERRAL

- To define and clarify minimum practice guidelines for the safe care of women and infants in regard to **PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT OF THE NEONATE**

The licensed midwife consults with a physician or other health care practitioner whenever there are deviations or complications relative to the newborn. If a referral to a physician is needed, the licensed midwife will, if possible, remain in consultation with the physician.

The following conditions will prompt referral to a physician and may require transfer of care.

- A. Neonatal Conditions:** The licensed midwife arranges for immediate referral and transport according to the emergency plan identified in the informed consent document if the following conditions exist:
- a. Apgar score of 6 or less at five minutes of age, without significant improvement by 10 minutes
 - b. persistent respiratory distress
 - c. persistent cardiac irregularities
 - d. persistent central cyanosis or pallor
 - e. persistent lethargy or poor muscle tone
 - f. prolonged temperature instability
 - g. significant signs or symptoms of infection
 - h. significant clinical evidence of glycemic instability
 - i. seizures
 - j. abnormal bulging or depressed fontanel
 - k. birth weight <2300 grams
 - l. significant clinical evidence of prematurity
 - m. clinically significant jaundice apparent at birth
 - n. major or medically significant congenital anomalies
 - o. significant or suspected birth injury
 - p. other serious medical conditions
 - q. parental request
- B. Postnatal Care:** The licensed midwife arranges for referral or transport for an infant who exhibits the following:
- a. abnormal cry
 - b. diminished consciousness
 - c. inability to suck
 - d. passes no urine in 30 hours or meconium in 48 hours after delivery or inadequate production of urine or stool during the neonatal period
 - e. clinically significant abnormalities in vital signs, muscle tone or behavior
 - f. clinically significant color abnormality-cyanotic, pale, grey
 - g. abdominal distension, projectile vomiting
 - h. jaundice within 30 hours of birth

- i. significant signs or symptoms of infection
- j. abnormal lab results
- k. signs of clinically significant dehydration or failure to thrive
- l. other concerns of family or licensed midwife

[Home](#) : [Licensees](#) : [Midwives](#) : **Midwives Practice Act**

Summary of the Licensed Midwifery Practice Act

The Midwifery Practice Act specifies the requirements for licensure and the scope of practice for a licensed midwife. Assembly Bill 1308 (Bonilla, Chapter 665, Statutes of 2013) made significant amendments to various Business and Professions Code sections governing the practice of midwifery in California. The changes become effective January 1, 2014. The law provides that:

The holder of a midwifery license may attend cases of normal pregnancy and childbirth (see definition below) and provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version of these means.

Midwives are not authorized to practice medicine or to perform surgery.

Licensed midwives are authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to the practice of midwifery and consistent with his or her scope of practice.

No person, other than a licensed midwife, may hold himself/herself out as a licensed midwife or use any other term which may indicate or imply that he/she is a licensed midwife.

Normal Pregnancy / Required Referrals / Transfer of Care

The licensed midwife may assist a woman in childbirth as long as progress meets criteria accepted as normal.

Normal pregnancy and childbirth is defined as meeting all of the following conditions:

1. There is an absence of any preexisting maternal disease or condition likely to affect the pregnancy.
2. There is an absence of significant disease arising from the pregnancy.
3. There is a singleton fetus.
4. There is a cephalic presentation.
5. The gestational age of the fetus is greater than 37 0/7 weeks and less than 42 0/7 completed weeks of pregnancy.
6. Labor is spontaneous or induced in an outpatient setting.

be a client of the midwife, the midwife must provide the woman with a referral for an examination by a physician trained in obstetrics and gynecology. If the physician determines that the risk factors presented by the client's disease or condition are not likely to significantly affect the course of pregnancy and childbirth, then the midwife may assist the woman in pregnancy and childbirth.

If at any point during a pregnancy, childbirth, or postpartum care a client's condition deviates from normal, the licensed midwife must immediately refer or transfer the client to a physician. The licensed midwife may consult and remain in consultation with the physician after the referral or transfer.

If the physician determines that the client's condition or concern has been resolved such that the risk factors are not likely to significantly affect the course of pregnancy or childbirth, the licensed midwife may resume primary care of the client.

If, however, the physician determines that the client's condition or concern has not been resolved, the licensed midwife may provide concurrent care with a physician and, if authorized by the client, be present during the labor and childbirth, and resume postpartum care, if appropriate. The licensed midwife may not resume primary care of the client under these circumstances.

A licensed midwife may not provide or continue to provide midwifery care to a woman with a risk factor that will significantly affect the course of pregnancy and childbirth, regardless of whether a woman has consented to this care or refused care by a physician.

If a client is transferred to a hospital, the licensed midwife must provide records, including prenatal records, and speak with the receiving physician and surgeon about labor up to the point of the transfer. The hospital shall report each transfer of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative using a standardized form developed by the board.

Mandatory Disclosure

A licensed midwife must disclose to a prospective client, both orally and in writing, and obtain the client's informed consent for all of the following:

The client is retaining a licensed midwife, not a certified nurse-midwife, and the licensed midwife is not supervised by a physician and surgeon.

The midwife's current licensure status and license number.

The practice settings in which the licensed midwife practices.

Whether or not he or she has liability coverage for the practice of midwifery.

The fact that many physicians do not have liability insurance coverage for services provided to someone having a planned out-of-hospital birth.

Acknowledgement that if the client is advised to consult with a physician, failure to do so may affect the client's legal rights in any professional negligence actions against a physician, licensed health care professional, or hospital.

There are conditions that are outside the scope of practice of a licensed midwife that will result in a referral for a consultation from, or transfer of care to, a physician.

The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.

for a mandatory transfer, the licensed midwife must initiate the transfer.

The laws regulating licensed midwifery practices and the procedure for reporting complaints to the Medical Board of California, and that these are available on the Medical Board of California's Internet website.

Consultation with a physician does not alone create a physician-patient relationship or any other relationship with the physician. The informed consent must specifically state that the licensed midwife and the consulting physician are not employees, partners, associates, agents, or principals of one another. The licensed midwife must inform the patient that he or she is independently licensed and practicing midwifery and in that regard is solely responsible for the services he or she provides.

The disclosure and consent must be signed by both the licensed midwife and the client and a copy of the disclosure and consent must be placed in the client's medical record.

View a [sample disclosure and consent form meeting these requirements](#).

Licensure

In order to be issued a license to practice midwifery, applicants must pay the required fee and have successfully completed one of the following:

1. a three-year postsecondary midwifery educational program accredited by an accrediting organization recognized by the United States Department of Education, Division of Accreditation.
2. an approved midwifery education program that offers the opportunity for students to obtain credit for previous midwifery education and clinical experiences and demonstrate, by practical examination, the clinical competencies that reflect national standards for the practice of midwifery. Completion of clinical experiences must be verified by a licensed midwife or certified nurse-midwife and a physician and surgeon, all of whom must be current in the knowledge and practice of obstetrics and midwifery. *Beginning January 1, 2015, new licensees may not substitute clinical experience for formal didactic education.*
3. an educational program approved by the Board and is currently licensed as a midwife by a state with equivalent licensing standards.

Applicants must also have successfully completed a written examination, which has been adopted by the Board as equivalent to the American College of Nurse Midwives exam (NARM Exam).

Licensed Midwife Annual Report

Each midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting must annually report to the Office of Statewide Health Planning and Development (OSHPD). The report must be submitted no later than March 30, for the prior calendar year.

Renewal and Fees

Licensed midwives must renew their license every two years which requires payment of the current fee and certification of 36 hours of approved continuing education.

An expired license may be renewed within five years from the expiration date upon payment of the current and accrued fees and certification of completing the continuing education requirements.

The current licensing fee is \$300.00, renewal fee is \$200.00, and the delinquency fee is \$50.00.

The Board may suspend, revoke, or place on probation the license of a licensed midwife, or take other appropriate disciplinary action for any of the following:

Unprofessional conduct.

Procuring a license by fraud or misrepresentation.

Conviction of a crime substantially related to the qualifications, function and duties of a licensed midwife.

Procuring, aiding, abetting, attempting, agreeing to procure, offering to procure, or assisting at, a criminal abortion.

Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of the laws regulating midwives.

Making or giving false statements or information in connection with the application for issuance of a license.

Impersonating any applicant or acting as proxy for any applicant in an examination required for licensure.

Impersonating another licensed practitioner, or permitting or allowing another person to use his or her license for the purpose of providing midwifery services.

Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of, or arranging for, a violation of any of the provisions of Article 12 of Chapter 5. Violators of this article are guilty of a misdemeanor.

Failing to do any of the following when required:

1. Consult with a physician and surgeon.
2. Refer a client to a physician and surgeon.
3. Transfer a client to a hospital.

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AGENDA ITEM: 10.6
DATE: January 11, 2017

ACTION REQUESTED: Update provided on Survey for APRN 2017

BACKGROUND:

The BRN has commissioned the University of California San Francisco (UCSF), Center for the Health Professions to complete a survey of California Nurse Practitioners (NPs) and Certified Nurse-Midwives (CNMs). At the September 2016 Nurse-Midwifery Committee meeting, the Committee reviewed and provided feedback on the draft survey. Since that time, the survey was reviewed by another group that included additional nurse-midwives and nurse practitioners. The survey also went through testing, both a paper and online version to obtain feedback from individuals attempting to complete it. Revisions were made according to feedback and space availability with the goal of keeping the survey to 12 pages for cost effective printing and maximizing the sample size. A final copy of the survey is included as an attachment.

In December 2016, UCSF e-mailed a link to the survey to the selected survey sample in an attempt to obtain more online responses. As of January 3, 2017, UCSF had received 504 completed online surveys (about 20% of the sample). The printer is currently preparing paper packets to mail out to those who have not completed the online survey. These will be mailed out around January 20, 2017.

A report with descriptive information and findings will be completed by UCSF. Dr. Joanne Spetz from UCSF will attend a future Board meeting to provide a presentation of the highlights of the data and when finalized the report will be posted to the BRN website. Expected completion is late 2017.

Attachment: Final 2017 NP & CNM Survey

NEXT STEPS: Practice Committee

FISCAL IMPACT, IF ANY: **None**

PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA
Supervising Nursing Education Consultant and
Liaison to the Practice Committee
(916)574-7686



California Board of Registered Nursing

Survey of Nurse Practitioners and Certified Nurse Midwives 2017

Conducted for the Board of Registered Nursing by

Philip R. Lee Institute for Health Policy Studies,
University of California, San Francisco

Here's how to fill out the Survey:

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

☐₁ YES
☐₂ NO → **SKIP TO Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, or can't answer it, feel free to skip it and continue with the survey.
- If you need help with the survey, call toll-free (877) 276-8277.
- **REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

CALIFORNIA BOARD OF REGISTERED NURSING

2017 NURSE PRACTITIONER (NP) & CERTIFIED NURSE MIDWIFE (CNM) SURVEY

SECTION A: EDUCATION AND LICENSURE INFORMATION

1. In which educational program(s) did you complete **any** NP and/or CNM preparation? **(Check all that apply, including both initial and advanced education.)**

	NP	Year completed	CNM	Year completed
Entry Level Master's Program (ELM, MEPN, etc.)	<input type="checkbox"/> _a		<input type="checkbox"/> _a	
Master's Degree (MSN, non-ELM)	<input type="checkbox"/> _b		<input type="checkbox"/> _b	
Post-master's Certificate	<input type="checkbox"/> _c		<input type="checkbox"/> _c	
Certificate Program (no master's degree)	<input type="checkbox"/> _d		<input type="checkbox"/> _d	
Doctor of Nursing Practice (DNP)	<input type="checkbox"/> _e		<input type="checkbox"/> _e	
Other Doctorate (PhD, DNSc, etc.)	<input type="checkbox"/> _f		<input type="checkbox"/> _f	
Other (Describe): _____	<input type="checkbox"/> _g		<input type="checkbox"/> _g	

2. Please indicate **all additional** educational degrees you have earned. Do not include degrees indicated in Question 1.

- | | |
|---|--|
| <input type="checkbox"/> _a Diploma in Registered Nursing | <input type="checkbox"/> _f Master's degree in Nursing (MSN, MN) |
| <input type="checkbox"/> _b Associate degree in Nursing (AD) | <input type="checkbox"/> _g Other Master's degree (non-nursing) |
| <input type="checkbox"/> _c Other Associate degree (non-nursing) | <input type="checkbox"/> _h Doctorate of Nursing Practice (DNP) |
| <input type="checkbox"/> _d Baccalaureate of Science in Nursing (BSN) | <input type="checkbox"/> _i PhD or other Research Doctorate in Nursing |
| <input type="checkbox"/> _e Other Baccalaureate degree (non-nursing) | <input type="checkbox"/> _j Other Doctoral degree (non-nursing) |

3. In what **year** did you obtain your first RN license (in any state or country)? _ _ _ _

4. In what state or country did you first get licensed as an RN?

USA: _____ (2-letter state code) **OR** **Other country:** _____

5. Please indicate your clinical fields of NP and/or CNM **educational preparation**. **(Check all that apply.)**

- | | |
|---|--|
| <input type="checkbox"/> _a Family/individual | <input type="checkbox"/> _h Acute care – adult and/or geriatrics |
| <input type="checkbox"/> _b Adult primary care | <input type="checkbox"/> _i Acute care – pediatrics |
| <input type="checkbox"/> _c Geriatrics primary care | <input type="checkbox"/> _j Perinatal care |
| <input type="checkbox"/> _d Pediatrics primary care | <input type="checkbox"/> _k Oncology |
| <input type="checkbox"/> _e Women's health/gender-related | <input type="checkbox"/> _l Occupational health |
| <input type="checkbox"/> _f Neonatology | <input type="checkbox"/> _m Palliative care/hospice |
| <input type="checkbox"/> _g Psychiatric/mental health | <input type="checkbox"/> _n Midwifery |
| | <input type="checkbox"/> _o Other (specify): _____ |

6. Are you currently certified as **both** an NP and a PA?

☐ ₁ Yes ☐ ₂ No ➔ **Skip to Question #8 on the next page**



7. In which certification field are you currently working? ☐ ₁ NP ☐ ₂ PA ☐ ₃ Neither ☐ ₄ Both

8. If you are **currently nationally** certified as an **NP or CNM**, by whom? (Check all that apply.)

☐ _a American Academy of Nurse Practitioners (AANP)

☐ _c National Certification Corporation (NCC)

☐ _e American Midwifery Certification Board (AMCB) / ACNM

☐ _b American Nurses Credentialing Center (ANCC)

☐ _d Pediatric Nursing Certification Board (PNCB)

☐ _f AACN Credentialing Corporation (acute care adult/gero NP)

☐ _g Other (specify below) _____

9. Are you **currently** enrolled in a graduate, advanced degree, or specialty certificate program?

☐ ₁ Yes

☐ ₂ No → **Skip to Question #11 below.**



10. What is your **degree objective**? (Check all that apply.)

☐ _a Master's degree in nursing

☐ _d Doctor of Nursing Practice (DNP)

☐ _b Master's degree in non-nursing field

☐ _e PhD or other Research Doctorate in Nursing

☐ _c Non-degree specialty certification program

☐ _f Other Non-Nursing Doctoral degree

11. If you ever **pursued a degree beyond** your NP/CNM education, or are seeking one now, why? (Check all that apply.)

☐ _a Higher salary

☐ _d Personal growth/development

☐ _b Required for my NP/CNM position

☐ _e To seek new job opportunities

☐ _c Required for billing purposes

☐ _f Interest in becoming faculty

☐ _g Other (specify: _____)

12. Are you **currently working for pay** in **any job** that requires your NP or CNM certification?

☐ ₁ Yes

☐ ₂ No, I am not working as an NP or CNM.



Continue below to Section B.



Skip to page 10, Section D.

SECTION B: FOR NURSES CURRENTLY EMPLOYED AS AN NP OR CNM

*Please complete this section if you have any job (clinical or not) that requires your California NP or CNM certification. If you are NOT working in a paid position that requires your NP or CNM certification, please **SKIP** to page 10, Section D.*

13. In how many NP/CNM positions do you currently work for pay?

☐ ₁ One

☐ ₂ Two

☐ ₃ Three

☐ ₄ Four or more

Please complete the following questions for the top two NP/CNM positions according to where you spend most of your working time.

14. How many **months per year** do you work in your NP/CNM position(s)?

Primary NP/CNM position: _____ # months/year

Second NP/CNM position: _____ # months/year

15. How many **hours per week** do you work (on average) in your NP/CNM position(s)?

Primary NP/CNM position: _____ # hours per week

Second NP/CNM position: _____ # hours per week

16. How are you paid in your **primary** NP/CNM position? (Select one.)

- ☐₁ Annual salary ☐₃ Percentage of Billing
☐₂ By the hour ☐₄ Base salary with bonus (based on billing, quality, etc.)
☐₅ Other (specify: _____)

17. Indicate the zip codes for **each** site you work at in your top two NP/CNM position(s).

Primary NP/CNM position: _____ site 1 zip _____ site 2 zip _____ site 3 zip

Second NP/CNM position: _____ site 1 zip _____ site 2 zip _____ site 3 zip

18. How long have you worked with your **current employer**?

Primary NP/CNM position: _____ years & _____ months

Second NP/CNM position: _____ years & _____ months

19. Which one of the following best describes the **job title** of your **NP/CNM position(s)**?
(Check one for each applicable position.)

	Primary NP/CNM position	Second NP/CNM position
Nurse Practitioner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Nurse-Midwife	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Management / Administration	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Faculty in NP education program	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Faculty in CNM education program	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Faculty in RN education program	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Other (specify: _____)	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈

20. Approximately what percentage of your time is spent on each of the following functions during a **typical week** in your NP/CNM position(s)?

	Primary NP/CNM position	Second NP/CNM position
Patient care (including patient and family education, record keeping, communications regarding patient care)	_____ %	_____ %
Administration, management, or organizational support (such as quality improvement, peer review, committee service)	_____ %	_____ %
Teaching/precepting for a pre-licensure nursing education program	_____ %	_____ %
Teaching/precepting for a NP/CNM education program	_____ %	_____ %
Research	_____ %	_____ %
Other (specify: _____)	_____ %	_____ %
	100%	100%

21. Please estimate the **total annual earnings** for your NP/CNM position(s) **in 2016**, before deductions for taxes, social security, etc.

Primary NP/CNM position: \$_____,_____ per year

Second NP/CNM position: \$_____,_____ per year

22. Which of the following **best** describes the type of **setting** of your NP/CNM position(s)?
(Check only one setting for each position based on where you spend the most time.)

	Primary NP/CNM position	Second NP/CNM position
Hospital Setting		
Hospital, acute/critical care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Hospital, emergency room/urgent care	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Hospital, labor and delivery	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Hospital, outpatient services	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Ambulatory Setting		
Private physician-led practice	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
HMO-based practice	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
NP/CNM-led health clinic	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Community Health Center/FQHC	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Family Planning Center	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
Rural Health Center	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀
Occupational/Employee health center	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁
Public Health clinic	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂
Retail based clinic	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃
Urgent Care	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄
College health service	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅
School-based health center	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆
VA health center (outpatient)	<input type="checkbox"/> ₁₇	<input type="checkbox"/> ₁₇
Maternal Child Health Setting		
Freestanding Birthing Center	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₈
Home birth	<input type="checkbox"/> ₁₉	<input type="checkbox"/> ₁₉
Other Setting		
Academic education program	<input type="checkbox"/> ₂₀	<input type="checkbox"/> ₂₀
Correctional system	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁
Extended care/long term facility	<input type="checkbox"/> ₂₂	<input type="checkbox"/> ₂₂
HMO/Managed care company (no patient care)	<input type="checkbox"/> ₂₃	<input type="checkbox"/> ₂₃
Mental Health Facility	<input type="checkbox"/> ₂₄	<input type="checkbox"/> ₂₄
Public Health Department (not a health center)	<input type="checkbox"/> ₂₅	<input type="checkbox"/> ₂₅
Home Health agency	<input type="checkbox"/> ₂₆	<input type="checkbox"/> ₂₆
Hospice/Palliative care	<input type="checkbox"/> ₂₇	<input type="checkbox"/> ₂₇
Other (Specify) _____	<input type="checkbox"/> ₂₈	<input type="checkbox"/> ₂₈

23. Are you doing volunteer work in your capacity as an NP/CNM? ☐₁ Yes ☐₂ No

If Yes, how many hours per month _____

24. Do you precept NP, CNM, MD, and/or PA students through direct clinical observation?

☐_a No

☐_b Yes, NP students _____# per month ☐_c Yes, CNM students _____# per month

☐_d Yes, MD students _____# per month ☐_e Yes, PA students _____# per month

25. Which of the following **barriers**, if any, do you face regarding precepting **NP/CNM students** from **California-based programs**? (Check all that apply.)

- ☐_a Not interested in precepting
 ☐_e Administrative constraints on accepting students
☐_b Lack of physical space for students
 ☐_f Competition for spots from non-NP/CNM students
☐_c Lack of time due to clinical demands
 ☐_g Competition from out-of-state programs
☐_d Too much paperwork required
 ☐_h Other (specify): _____

26. Are you required to maintain **national** certification in your NP/CNM role for your position?

- ☐₁ Yes
 ☐₂ No
 ☐₃ Unsure

27. In which clinical fields do you **most frequently** provide direct patient care in your top two paid NP/CNM position(s)? (**Check all that apply for each position.**)

☐_a **Not** involved in patient care for both positions → **Skip to Question #42**

	Primary NP/CNM position	Second NP/CNM position
Not involved in patient care for this position	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Ambulatory/outpatient	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Cardiology	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Community/public health	<input type="checkbox"/> _d	<input type="checkbox"/> _d
Corrections/prison	<input type="checkbox"/> _e	<input type="checkbox"/> _e
Emergency/trauma	<input type="checkbox"/> _f	<input type="checkbox"/> _f
Endocrine/diabetes	<input type="checkbox"/> _g	<input type="checkbox"/> _g
Geriatrics/gerontology	<input type="checkbox"/> _h	<input type="checkbox"/> _h
Gynecology/women's health	<input type="checkbox"/> _i	<input type="checkbox"/> _i
Home health	<input type="checkbox"/> _j	<input type="checkbox"/> _j
Hospice/palliative care	<input type="checkbox"/> _k	<input type="checkbox"/> _k
Intensive care/critical care	<input type="checkbox"/> _l	<input type="checkbox"/> _l
Medical-surgical	<input type="checkbox"/> _m	<input type="checkbox"/> _m
Neonatal intensive care	<input type="checkbox"/> _n	<input type="checkbox"/> _n
Obstetrics/intrapartum	<input type="checkbox"/> _o	<input type="checkbox"/> _o
Oncology	<input type="checkbox"/> _p	<input type="checkbox"/> _p
Orthopedics	<input type="checkbox"/> _q	<input type="checkbox"/> _q
Newborn/Pediatrics	<input type="checkbox"/> _r	<input type="checkbox"/> _r
Psychiatry/mental health	<input type="checkbox"/> _s	<input type="checkbox"/> _s
School health (K-12 or college)	<input type="checkbox"/> _t	<input type="checkbox"/> _t
Surgery/pre-op/post-op/ PACU/anesthesia	<input type="checkbox"/> _u	<input type="checkbox"/> _u
Other (Specify: _____)	<input type="checkbox"/> _v	<input type="checkbox"/> _v

Skip to question #42 if you do not provide patient care in your top two NP/CNM positions.

28. In your **NP/CNM practice**, please estimate what percent of your patients:

	Primary NP/CNM position	Second NP/CNM position
A. Are covered by Medicare fee-for-service?	_____ %	_____ %
B. Are covered by Medicaid fee-for service?	_____ %	_____ %
C. Are covered by private insurance?	_____ %	_____ %
D. Worker's compensation?	_____ %	_____ %
E. Other government program (e.g., VA, IHS)	_____ %	_____ %
F. Uninsured?	_____ %	_____ %

29. Please **estimate what percent** of your patients are in a Managed Care plan or Accountable Care Organization (ACO), for any type of insurance program?

_____ % in managed care or ACO

30. Which types of new patients is your practice **currently** accepting?
(Check all that apply.)

	Primary NP/CNM position	Second NP/CNM position
A. Covered by Medicare	<input type="checkbox"/> _a	<input type="checkbox"/> _a
B. Covered by Medicaid	<input type="checkbox"/> _b	<input type="checkbox"/> _b
C. Covered by private insurance	<input type="checkbox"/> _c	<input type="checkbox"/> _c
D. Worker's compensation	<input type="checkbox"/> _d	<input type="checkbox"/> _d
E. Other government program (e.g., VA, IHS)	<input type="checkbox"/> _e	<input type="checkbox"/> _e
F. Uninsured	<input type="checkbox"/> _f	<input type="checkbox"/> _f

31. For billing/reimbursement in your NP/CNM position(s), do you have a Medicare provider number/NPI?

☐₁ Yes ☐₀ No → **Skip to #33 below.**



32. If you care for Medicare/Medi-Cal patients in your NP/CNM position(s), how are your services billed?

	Primary NP/CNM position	Second NP/CNM position
Medicare	<input type="checkbox"/> ₁ Bill as primary provider <input type="checkbox"/> ₂ Incident to physician <input type="checkbox"/> ₃ Don't know <input type="checkbox"/> ₄ Not applicable	<input type="checkbox"/> ₁ Bill as primary provider <input type="checkbox"/> ₂ Incident to physician <input type="checkbox"/> ₃ Don't know <input type="checkbox"/> ₄ Not applicable
Medi-Cal	<input type="checkbox"/> ₁ Bill as primary provider <input type="checkbox"/> ₂ Incident to physician <input type="checkbox"/> ₃ Don't know <input type="checkbox"/> ₄ Not applicable	<input type="checkbox"/> ₁ Bill as primary provider <input type="checkbox"/> ₂ Incident to physician <input type="checkbox"/> ₃ Don't know <input type="checkbox"/> ₄ Not applicable

33. Are you recognized as a primary care provider (PCP) in those insurance networks in which your practice(s) participate?

☐₁ Yes ☐₀ No or unsure → **Skip to #34 below.**



If Yes, indicate by marking all that apply below.

	Primary NP/CNM position	Second NP/CNM position
Aetna	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Anthem Blue Cross	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Blue Shield	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Cigna	<input type="checkbox"/> _d	<input type="checkbox"/> _d
Health Net	<input type="checkbox"/> _e	<input type="checkbox"/> _e
Kaiser	<input type="checkbox"/> _f	<input type="checkbox"/> _f
United Healthcare	<input type="checkbox"/> _g	<input type="checkbox"/> _g
LA Care	<input type="checkbox"/> _h	<input type="checkbox"/> _h
Other (specify):	_____	_____

34. Indicate if you have the following privileges at **any hospital** for your NP/CNM position(s).

(Check all that apply.)

	Primary NP/CNM position	Second NP/CNM position
Rounding on patients	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Write orders <u>without</u> physician co-signature	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Write orders <u>with</u> physician co-signature	<input type="checkbox"/> _c	<input type="checkbox"/> _c

35. Do you work in **primary care**, involving common health problems and preventive measures, in your NP/CNM position(s)?

Primary NP/CNM position: ☐₀ No ☐₁ Yes → Percent of time: _____%

Second NP/CNM position: ☐₀ No ☐₁ Yes → Percent of time: _____%

36. In your NP/CNM position(s), are you...

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Allowed to practice to the fullest extent of the legal scope of practice in California?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Using your NP/CNM skills fully?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Contributing to the development or revision of standardized procedures?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Working with underserved populations?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

37. Are you considering applying for a waiver to prescribe buprenorphine? ☐₁ Yes ☐₂ No ☐₃ Unsure

38. Do you have a **panel of patients** for whom you are the **main** care provider and that you **manage on an ongoing basis**? ☐₁ Yes ☐₂ No

If Yes, how many hours per month _____

If Yes, how many patients are in your panel? _____

39. Where is your collaborating/supervising physician located? (Check all that apply.)

	Primary NP/CNM position	Second NP/CNM position
Physician is in another practice/system than mine	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Physician is at another site within the same practice/system	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Physician is on site	<input type="checkbox"/> _c	<input type="checkbox"/> _c

40. How often is a **physician present on site** to discuss patient problems as they occur in your principal NP/CNM positions? (Check one for each applicable position.)

	Primary position	Second position
Never (0% of the time)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Seldom (1%-25% of the time)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Sometimes (26%-50% of the time)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Usually (51%-75% of the time)	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Nearly always (76%-100% of the time)	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

41. What type of **professional relationship do you have with the physician(s)** in your NP/CNM practice? (Check all that apply.)

	Primary NP/CNM position	Second NP/CNM position
Equal colleagues/no hierarchy	<input type="checkbox"/> _a	<input type="checkbox"/> _a
S/he is the medical director who oversees all of our practice and I am accountable to the medical director, as are all other providers	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Physician sees and signs off on the patients I see	<input type="checkbox"/> _d	<input type="checkbox"/> _d
Other (please describe: _____)	<input type="checkbox"/> _e	<input type="checkbox"/> _e

42. Are you certified in California as a **nurse mid-wife**?

☐₁ Yes

☐₀ No

→ **Skip to Section C on the next page.**



43. Are you employed in a **nurse mid-wife** role? ☐₂ No ☐₁ Yes → skip to #45 below



44. How important are each of the following factors for **not practicing nurse-midwifery**?

	Not important	Somewhat important	Important	Very important	Does not apply
A. Childcare/family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
B. Stress specific to CNM role	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
C. Dissatisfied with CNM salaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
D. Dissatisfied with the CNM profession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
E. Inconvenient schedules	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
F. Overall lack of CNM jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
G. Lack of CNM jobs/practice opportunities in desired location	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
H. Denied CNM job due to lack of experience or qualification	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
I. Challenges associated with scope of practice restrictions for CNMs / physician supervision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
J. Dissatisfaction with the degree of collaboration with other providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
K. Liability insurance or concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
L. Cost of business is too high	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
M. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀

(Specify: _____)

45. Do you **attend births** in your CNM position(s)?

☐₀ No ☐₁ Yes → Number per month: _____

46. Do you participate as an RN **first assistant in Cesarean deliveries** in your CNM position(s)?

☐₀ No ☐₁ Yes → Number per month: _____

SECTION C: SATISFACTION WITH NP/CNM PRACTICE

47. How satisfied are you with your NP and/or CNM career?

Very
dissatisfied
☐₁

Dissatisfied
☐₂

Neither satisfied
nor dissatisfied
☐₃

Satisfied
☐₄

Very
satisfied
☐₅

48. How much of a problem is each of the following issues with regard to your ability to provide quality care?

	Not a problem	Minor problem	Major problem	Not applicable
A. Inadequate time with patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
B. Difficulties communicating with patients due to language or cultural barriers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
C. Lack of qualified specialists in your area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
D. Not getting timely reports from other providers and facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
E. Denial of coverage/care decisions by insurance companies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
F. Scope of practice restrictions/lack of full practice authority	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
G. Quality issues outside of your control	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
H. Patients' inability to receive needed care because of inability to pay	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
I. Insufficient income in my practice to support quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
J. Too little involvement in decisions in your organization	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
K. Non-paying patients/bad debt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
L. High liability insurance rates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
M. Non-reimbursable overhead costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
N. Lack of call coverage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
O. Lack of administrative support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
P. Lack of ancillary clinical support (such as MAs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Q. Lack of access/support for educational advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
R. Varying degrees of collaboration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
S. Inadequate or slow 3 rd party payment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
T. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀

(Specify: _____)

49. In the last three years, indicate if you have encountered either of the following obstacles to practicing as an NP/CNM? **(Check all that apply.)**

☐_a Difficulty finding employment as an NP/CNM

☐_b Lack of adequate mentoring

50. Has your NP/CNM **employment changed** during the last three years? **(Check all that apply.)**

☐_a Increased NP/CNM hours

☐_d Added services in a practice

☐_g Opened practice(s)

☐_b Decreased NP/CNM hours

☐_e Ceased offering specific services

☐_h Changed roles at same employer

☐_c Changed employer(s)

☐_f Closed practice(s)

☐_i No change in NP/CNM employment

☐_i Other (specify: _____)

51. Within the **next five years**, what are your intentions regarding your NP/CNM employment?
(**Check all that apply.**)

- ☐_a Plan to increase hours of NP/CNM work ☐_d Plan to leave nursing entirely but not retire
☐_b Plan to work approximately as much as now ☐_e Plan to retire
☐_c Plan to reduce hours of NP/CNM work ☐_f Plan to move to another state for NP/CNM work

(PLEASE SKIP TO PAGE 11, SECTION E)

SECTION D: FOR PERSONS NOT EMPLOYED IN AN NP/CNM ROLE

If you **ARE** working in a paid position in which you utilize your NP/CNM training and skills, please **SKIP** to page 11, Section E.

52. What was the last year you worked for pay as an NP/CNM? or ☐ Never

53. How important are each of the following factors in your not being employed as an NP/CNM?

	Not important	Somewhat important	Important	Very important	Does not apply
A. Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
B. Childcare/family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
C. Moving to a different location	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
D. Stress on the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
E. Illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
F. Dissatisfied with benefits/salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
G. Dissatisfied with NP/CNM profession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
H. Wanted to try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
I. Inconvenient schedules	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
J. Overall lack of NP/CNM jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
K. Lack of NP/CNM jobs/practice opportunities in desired location	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
L. Lack of NP/CNM jobs in desired type of facility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
M. Lack of NP/CNM jobs in desired specialty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
N. Denied NP/CNM job due to lack of experience or qualification	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
O. Dissatisfaction with ability to practice at the NP/CNM level	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
P. Dissatisfaction with the degree of collaboration with other providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
Q. Liability insurance or concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
R. Lack of good management/ leadership	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
S. Difficulty managing the practice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
T. Cost of business is too high	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀
U. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₀

(Specify: _____)

54. Which of the following best describes your **current intentions regarding work** as an NP/CNM? **(Check only one.)**

- ☐₁ Currently seeking employment as an NP/CNM ☐₄ Plan to return to NP/CNM practice in more than 3 years
- ☐₂ Plan to return to NP/CNM practice within 1 year ☐₅ Definitely will not return to or seek NP/CNM position
- ☐₃ Plan to return to NP/CNM practice in 1-3 years ☐₆ Undecided at this time

What would affect your decision?

55. Are you doing volunteer work as an NP/CNM? ☐₂ No ☐₁ Yes → Hours per month: _____

SECTION E: EMPLOYMENT OUTSIDE NP/CNM ROLES

56. Are you currently working for pay **as an RN (not as an NP or CNM)**?

☐₁ Yes



☐₂ No → Skip to the **Question #63** on the next page

57. How many nursing (**non-NP/CNM**) positions do you hold? ☐₁ One ☐₂ Two or more

58. How many **months per year** do you work as an RN (non-NP/CNM)? _____ # months per year

59. How many **hours per week** do you normally work in any RN position? _____ # hours per week

60. Please estimate the **total annual earnings** for all of your **RN (non-NP/CNM)** positions in **2016** combined, before deductions for taxes, social security, etc. \$_____

61. Which of the following best describes the **type of setting(s)** of your **RN (non-NP/CNM)** position(s)? **(Check all that apply.)**

☐_a Hospital (any department)

☐_e Medical practice, clinic, surgery center

☐_h School health service (K-12 or college)

☐_b Home health agency / home health service

☐_f Public health or community health

☐_i University or college (faculty or administration)

☐_c Nursing home, extended care, or skilled nursing facility

☐_g Government agency

☐_j Case management/disease management

☐_d Mental health / substance abuse

☐_k Other (specify: _____)

62. Which one of the following best describes your **job title** in your **RN (non-NP/CNM)** nursing position(s)? **(Check all that apply.)**

☐_a Staff nurse/direct care nurse

☐_e Nurse Coordinator

☐_h Patient educator

☐_b Clinical Nurse Specialist

☐_f Quality Improvement nurse, utilization review

☐_i Educator, academic setting (professor, instructor)

☐_c Patient care coordinator/ case manager/ discharge planner

☐_g Telenursing

☐_j Educator, service setting (in-service educator)

☐_d Management / administration

☐_k Other (specify: _____)

63. Are you currently employed in a **non-nursing position** (that does not require an RN license)?

☐₁ Yes

☐₂ No

Skip to Section F below. →

64. Does your position utilize any of your nursing knowledge? ☐₁ Yes ☐₂ No

SECTION F: DEMOGRAPHIC INFORMATION

65. Gender ☐₁ Female ☐₂ Male ☐₃ Other

66. Year of birth 19 ____

67. Are you currently married or in a domestic partner relationship? ☐₁ Yes ☐₂ No

68. What is your ethnic/racial background (select the **one** with which you most strongly identify)?

☐₁ African American/Black/African

☐₂ Caucasian/White/
European/Middle Eastern

☐₃ American Indian/Native
American/Alaskan Native

☐₄ Other
or Mixed

Asian		Latino/Hispanic	Native Hawaiian/Pacific Islander	
<input type="checkbox"/> ₅ Cambodian	<input type="checkbox"/> ₁₀ Korean	<input type="checkbox"/> ₁₅ Central American	<input type="checkbox"/> ₂₀ Fijian	<input type="checkbox"/> ₂₅ Tongan
<input type="checkbox"/> ₆ Chinese	<input type="checkbox"/> ₁₁ Laotian/Hmong	<input type="checkbox"/> ₁₆ South American	<input type="checkbox"/> ₂₁ Filipino	<input type="checkbox"/> ₂₆ Other
<input type="checkbox"/> ₇ Indian	<input type="checkbox"/> ₁₂ Pakistan	<input type="checkbox"/> ₁₇ Cuban	<input type="checkbox"/> ₂₂ Guamanian	
<input type="checkbox"/> ₈ Indonesian	<input type="checkbox"/> ₁₃ Thai	<input type="checkbox"/> ₁₈ Mexican	<input type="checkbox"/> ₂₃ Hawaiian	
<input type="checkbox"/> ₉ Japanese	<input type="checkbox"/> ₁₄ Vietnamese	<input type="checkbox"/> ₁₉ Other Hispanic	<input type="checkbox"/> ₂₄ Samoan	

69. In what languages, other than English, do you have medical fluency? (Check all that apply.)

☐_a None

☐_b Spanish

☐_e Tagalog/other Filipino dialect

☐_h Mandarin

☐_c Korean

☐_f French

☐_i Cantonese

☐_d Vietnamese

☐_g Hindi/Urdu/Punjabi/other South
Asian language

☐_j Other Chinese dialect

☐_k Other (**Please describe:** _____)

70. Do you have children living at home with you? ☐₁ Yes ☐₂ No

If Yes, **how many** are:

a) 0-2 years ____ b) 3-5 years ____ c) 6-12 years ____ d) 13-18 years ____ e) 19+ years ____

71. Home Zip Code: _____, City: _____, State: _____ or

If you reside outside of the country, please specify what country: _____

72. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household, including yourself:

☐₁ Less than \$50,000

☐₄ \$100,000 – 124,999

☐₇ \$175,000 – 199,999

☐₂ \$50,000 - 74,999

☐₅ \$125,000 – 149,999

☐₈ \$200,000 or more

☐₃ \$75,000 - 99,999

☐₆ \$150,000 – 174,999

Thank you for completing the survey.

Please return the questionnaire in the postage-paid envelope provided

If you have additional thoughts or ideas about the nursing profession in California, please write them below. You may include your email address if you would like an email notification when the report on this survey is published.

What information or activities could the CA Board of Registered Nursing provide to assist or support your practice in the state of California?

Comments:

Yes, I would like to be notified when the report is published.

My email address is: _____